

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|--------------------|
| FEE DETERMINATION | JH | 59 | 1/14/00 1/13/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | LH | 60105 | 2-5-00 |

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral) | Canceled | A | Appeal |
| - | Restricted | O | Objected |

| Claim | Final | Original | Date |
|-------|-------|----------|--------|
| 1 | ✓ | ✓ | 1/2/02 |
| 2 | ✓ | ✓ | 1/2/02 |
| 3 | ✓ | ✓ | 1/2/02 |
| 4 | ✓ | ✓ | 1/2/02 |
| 5 | ✓ | ✓ | 1/2/02 |
| 6 | ✓ | ✓ | 1/2/02 |
| 7 | ✓ | ✓ | 1/2/02 |
| 8 | N | | |
| 9 | N | | |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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